U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 30/3	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Rickie L Sorensen	Name Communications Workers of America
	Labor Organization File Number 000.188
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4174 Lind Avenue SW	Street 4171 Lind Avenue SW
City Renton	City Renton
State Washington ZIP Code + 4 98055	State Washington ZIP Code + 4 98055
5. Position in labor organization. Staff Representative	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Qwest Communications	Meeting in Denver Colorado, travel and dinner paid by Qwest. Period was in June of 2004
Trade Name, if any: Qwest	
P.O. Box, Bldg., Room No., if any	
Characteristics	7.b. Amount.
Street 1801 California Street	
City Denver	\$370
State Colorado ZIP Code + 4 80202	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed / tox t) only	On 7-7-05 206-575-1170 Date Telephone Number
Form LM-30 (2003)	Page 1 of 2